

2002 MICHIGAN Schedule of Taxes and Allocation to Each Agreement

Issued under authority of P.A. 281 of 1967. Filing is voluntary.

Schedule CR-5

Attach to Form MI-1040. Please read the instructions before completing this form.

Attachment Sequence No. 04

1. Primary Filer's First Name, Middle Initial, and Last Name	2. Primary Filer's Social Security Number
If a Joint Return, Spouse's First Name, Middle Initial, and Last Name	Spouse's Social Security Number

INSTRUCTIONS: Complete columns A through F. If you have more than one agreement, complete columns G and H.

A Agreement Number			B 2001 or 2002 Paid Tax Receipts Attached		C Type of Owner- ship	D Percent of Income or Ownership	E Record Amount of Tax per Instructions, page 6	F Total Tax for Each Agreement	G Divide Each Amount in Col. F by Total on Line 3, Col. F	H Allocated Tax Credit Multiply Line 13 or 18 by Percent Computed in Column G
County Code	Contract Number	Expiration Date								
			YES <input type="checkbox"/>	NO <input type="checkbox"/>		%			%	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>		%			%	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>		%			%	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>		%			%	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>		%			%	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>		%			%	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>		%			%	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>		%			%	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>		%			%	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>		%			%	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>		%			%	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>		%			%	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>		%			%	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>		%			%	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>		%			%	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>		%			%	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>		%			%	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>		%			%	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>		%			%	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>		%			%	
3. Enter total of columns E through H (total of column G must equal 100%). Carry total from Column F to your MI-1040CR-5, line 4.									%	